

REC'D AUG 3 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26344

Do not use this space.

## 1. PLACE OF DEATH

(a) County New Madrid 3 Registration District No. 604  
(b) Township La Grange 1 Primary Registration District No. 5805 Registered No. ....  
(c) City Lamar (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pemiscott, County, Mo

FATHER 13. NAME Johnnie Glasco

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

MOTHER 15. MAIDEN NAME Alice Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poinc Pleasent

17. INFORMANT (ADDRESS) John Williams  
Poinc Pleasent, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Poinc Pleasent, Mo DATE July 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Richard Wood  
New Madrid, Mo

20. FILED 7/19, 1939 Wm O Bannan  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1939

22. I HEREBY CERTIFY That I attended deceased from ..... 19....., to ..... 19.....

I first saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 P. M.  
The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury June 29, 1939

Where did injury occur? near Poinc, Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury struck while swimming

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. Richards Jr. Cooper Mo.

(Address) New Madrid, Mo

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RECEIVED

District Health Officer No. 2,  
District File Number 839-98  
Date Filed 8-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lio H. Eggen  
Licensed Embalmer No. 3803  
P. O. Address Mu Moaid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.